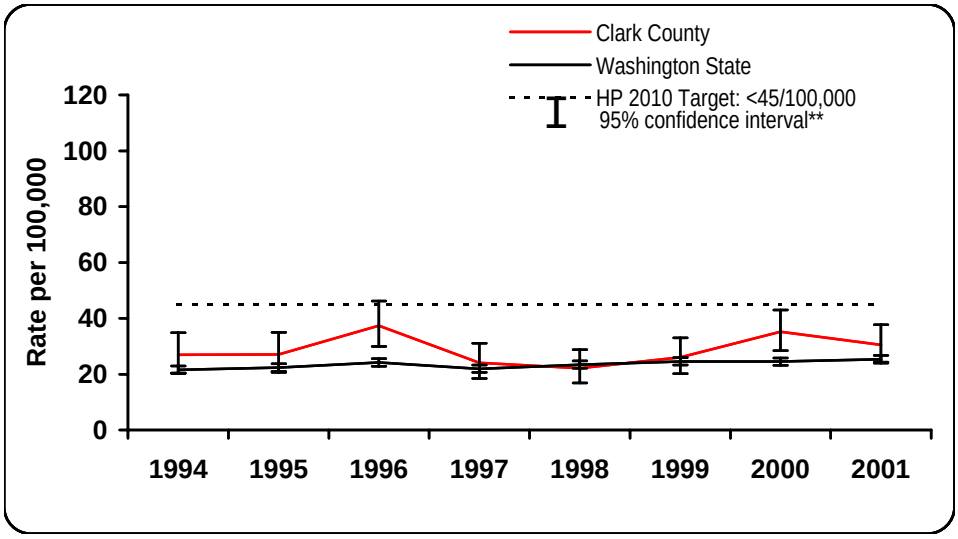
Diabetes Mellitus Death Rates, Age-Adjusted
Clark County and Washington State, 1994 through 2001

Why we should care: Diabetes can cause heart disease, stroke, blindness, kidney failure, amputations of feet or legs, and complications during pregnancy.(1) Nationally, approximately 17 million persons suffer from diabetes.(1) The number of adults with diagnosed diabetes in the U.S. increased by 61% since 1991.(1) In addition to the impact on the quality of life and life expectancy of diabetics, this disease also cost Americans 14 million lost disability days in 1997 and almost $100 billion in direct and indirect costs.(2)

Status:
- Diabetes death rates in Clark County have ranged from about 22 deaths to about 37 deaths per 100,000 population between 1994 and 2001.(3,4)
- Clark County's rates have remained similar to those of Washington State. Since 1994 Clark County has met the Healthy People 2010 target of no more than 45 deaths per 100,000 population due to diabetes.
- Nationwide, there has been an increase in the number of adult diabetes cases diagnosed.(1,2)

What we can do:
- Individuals can prevent or delay the development of type 2 diabetes by modifying diet to control blood sugar levels, by controlling their weight, and by engaging in physical activity for 30 minutes a day, five days a week.(5)
- Access to appropriate health care is critical so that persons at higher risk of developing diabetes can be screened and, if necessary, started on appropriate medical care.
- Diabetics who receive care and diabetes management education from case managers can improve control of blood sugar levels and thereby reduce the risk of complications from diabetes.(6)



	Clark County			Washington State		
Year	Rate**	95% CI*	Number	Rate**	95% CI*	Number
1994	26.9	(20.5, 34.9)	59	21.5	(20.2, 22.9)	1,027
1995	27.0	(20.6, 34.9)	61	22.3	(21.0, 23.7)	1,088
1996	37.4	(30.0, 46.2)	89	24.2	(22.8, 25.6)	1,202
1997	24.1	(18.4, 31.1)	62	21.9	(20.7, 23.3)	1,119
1998	22.2	(16.8, 28.7)	58	23.4	(22.1, 24.8)	1,222
1999	26.0	(20.2, 33.0)	69	24.5	(23.2, 25.9)	1,305
2000	35.2	(28.5, 43.0)	97	24.5	(23.2, 25.8)	1,331
2001	30.4	(24.3, 37.7)	86	25.3	(24.0, 26.7)	1,403

Please see reverse side for technical notes and sources.

Technical notes

Rates:

-Much of public health assessment involves describing the health status of a defined community by looking at changes in the community over time or by comparing health events in that community to events occurring in other communities or the state as a whole. In making these comparisons, we need to account for the fact that the number of health events depends in part on the number of people in the community. To account for growth in a community or to compare communities of different sizes, we usually develop rates to provide the number of events per population unit. The following rates are most commonly used:

- Crude mortality rates, or death rates, are calculated by dividing the number of deaths due to a certain cause by the population in which the deaths are occurring in a specified period of time such as one year.

-Age-adjusted death rates are calculated to allow comparisons of death rates between two populations at the same time or the same population at different times. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure.

- Incidence is a way of measuring the risk of a disease in a population. An incidence rate is calculated by dividing the number of new cases of a disease by the population in which the disease is occurring in a defined period of time (e.g. one year) and multiplying this number by 100,000.

Other technical notes:

- * 95%Confidence Intervals around the death rate; if the confidence intervals for state and county overlap in a given year, there is no significant difference between these rates.
- ** Rate per 100,000 deaths adjusted using the 2000 U.S. Standard Population; deaths coded using ICD 10.

Sources:

(1) Centers for Disease Control and Prevention. (n.d.). *At A Glance. Diabetes: Disabling, Deadly, and on the Rise, 2003* . Retrieved May 8, 2003, from http://www.cdc.gov/nccdphp/aag/pdf/aag_ddt2003.pdf. (2) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (n.d.). *Fact Sheet. Diabetesatwork.org.* Retrieved April 15, 2003, from http://www.cdc.gov/diabetes/pubs/pdf/womenshort.pdf. (3) *Vital Registration System, Annual Statistics Files, Deaths 1980-2001* . [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (4) Public Health Seattle & King County, Epidemiology, Planning & Evaluation. (1991-2003). *VistaPHw* (Version 3.1.1) [Computer software for public health assessment]. Seattle, WA. (5) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (January 17, 2003). *CDC Statement On Results Of Diabetes Prevention Program.* Retrieved April 15, 2003, from http://www.cdc.gov/diabetes/news/docs/dpp.htm. (6) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (January 17, 2003). *Diabetes Project. Guide To Community Preventive Services.* Retrieved April 15, 2003, from http://www.cdc.gov/diabetes/projects/community.htm.